s:____ **DR:** _____ **CN:** _____

s:____ **PT:** _____ **DD:** _____

☐ **Photo** TJ: _____ ☐ _____

☐ **E-Mail** BJ: _____ ☐ _____

☐ Ground
☐ 2-Day
☐ NDA
☐ Int'l
☐ In NDA
☐ No 197

For Lab Use Only

SPECIAL INSTRUCTIONS

Signature of Dentist **Date** **License #**

Terms: Net 15th of the month following statement date. Invoices 30+ days past due will be subject to a finance charge of 1.5% per month. Annual percentage rate of 18%. Accounts 60 days past due will automatically be subject to COD terms.

ORTHOTIC PRESCRIPTION

7510 Arroyo Circle Gilroy, Ca 95020
Ph# (408) 842-6269 Fx# (408) 842-5002
Toll Free: 800-713-5390
www.WilliamsDentalLab.com

DOCTOR INFORMATION	PATIENT INFORMATION
Doctor: _____	Last Name: _____
Address: _____	First Name: _____
City, St, Zip: _____	Sex: _____
Phone: ( ) - _____	Age: _____
E-Mail: _____	Patient's Appt Date/Time: _____

Return by 5pm On: _____

TYPE OF ORTHOTIC

☐ **LVI "WAXED-UP" FIXED ORTHOTIC**

Upper Teeth #'s: _____

Lower Teeth #'s: _____

☐ **NEUROMUSCULAR ANATOMIC REMOVABLE ORTHOTIC**

☐ No Clasps or Wire ☐ Wire Reinforcement ☐ Ball Clasps
☐ Wire Reinforcement w/Ball Clasp ☐ Flat Plane Night Guard

☐ **NEUROMUSCULAR ANATOMIC FIXED ORTHOTIC**

☐ belleGlass, Sinfony or Cristobal w/Vectris **SHADE:** ☐
☐ Prefabricated Acrylic Fixed Orthodic

C.O.	Myocentric
Right Posterior ____ MM# ____ / ____	Right Posterior ____ MM# ____ / ____
Anterior ____ MM# ____ / ____	Anterior ____ MM# ____ / ____
Left Posterior ____ MM# ____ / ____	Left Posterior ____ MM# ____ / ____

ADDITIONAL INFORMATION

☐ Full Arch or ☐ Teeth #'s: _____
☐ Patient is in Pain ☐ Yes ☐ No
☐ Patient is Transitioning to a Full Mouth ☐ Yes ☐ No
Target Date

Checklist

___ TENS Bite	___ Upper Impression (PV)	___ K7 Scans
___ MYO Bite	___ Lower Impression (PV)	___ Photos
___ Swallow Bite	___ Upper Model HIP___	___ E-Mailed Correspondence
___ CO	___ Lower Model HIP___	___ Other _____

	IMPRESSIONS		MODELS
	U-FA		U-FA
	L-FA		L-FA
	U-3/4		U-FA-M-M
	L-3/4		L-FA-M-M
	U-ANT		U-3/4
	L-ANT		L-3/4
	U-QUAD		U-3/4-M-M
	L-QUAD		L-3/4-M-M
	FA-3-T		U-QUAD
	Q-3-T		L-QUAD
	*PARTIAL IN IMPRESSION		U-M-QUAD
	*PICK UP IMPRESSION		L-M-QUAD

BITES AND HORIZONTAL REFERENCES					
		Centric Bite (thin)			Fox Plane
		Myo or Tens Bite (thick)			Bite Fork
		Kois (with plastic)			Bite Stent (relined)
		Symmetry Bite			Cranial Base (relined)
		Stick Bite			Palatal (relined)
		Yaw Bite			Wax Bite
		Sapphire Bite			

DIAGNOSTICS			
	U-PRE-OP MODEL		L-FA-M-M-FIXED ORTH
	L-PRE-OP MODEL		BITE STENT unlined
	U-TEMP MODEL		PALATAL
	L-TEMP MODEL		REDUCTION GUIDE
	U-TEMP IMPRESSION		CRANIAL BASE
	L-TEMP IMPRESSION		U-SILTECH
	U-FA-M-M-DX WX		L-SILTECH
	L-FA-M-M-DX WX		DUAL SILTECH
	U-FA-M-M-FIXd ORTH		CLEAR VACCUMFORM

DENTURES			
	U-M-EDENTULOUS		U-DENTURE
	L-M-EDENTULOUS		L-DENTURE
	U-I-EDENTULOUS		U-PARTIAL
	L-I-EDENTULOUS		L-PARTIAL
	U-CT		U-STAYPLATE
	L-CT		L-STAYPLATE
	U-B/R		U L HADER BAR
	L-B/R		U L HYBRID
	U-FRAMEWORK		ERA
	L-FRAMEWORK		ERA HOUSING
	U-SET-UP		SWISS LOCK
	L-SET-UP		Facial and/or Incisal Guide

ATTACHMENTS	
	MANAGE THE BITE
	PHOTOS
	EMAIL
	SHADE MAP
	DR'S NOTES
	SMILE GUIDE
	CD
	FLASH DRIVE
	EMPRESS
	ZIRCONIUM
	PFM
	FGC
	BELLE
	NMO
	CALIPER/COMPASS
	SHADE TABS
	OLD MODEL WORK
	DR'S OWN ARTICULATOR & TYPE

OTHER	

DR	WDL	IMPLANT PARTS
		IMPLANT COPING
		COPING SCREW
		ANALOG
		METAL ABUTMENT
		ABUTMENT SCREW
		PLASTIC SLEEVE
		ZIRC ABUTMENT
		HEALING ABUTMENT
		LOCATOR HOUSING

____ INV & CLEAN
____ ENTER
____ MARK #'S
____ MODEL & DIE
____ WAX-CAST
____ WEIGH
____ SEAT CROWN
____ OPAQUE
____ METAL FINISH
____ PORCELAIN
____ QC CHECK
____ Trimmed solid model
____ Extra solid if anterior case or bridge

____ Extra die if FGC
____ Extra die for packing core
____ Transfer die(s) numbered plus note included

____ Working model numbered
____ Working dies numbered and correctly lettered

____ Articulation rechecked
____ Bite used
____ Articulation pin # recorded
____ Acculiner transfer Stratos

____ Pin exposed @ bottom of base
____ Model & pins clean
____ Model & base flush

____ Temp model trimmed
____ Mounted
____ Occlusal index

____ Anterior Dies protected
____ Dies checked in microscope and compared with solid
____ Lab slip signed

________________ Checked

________________ Checked